

LV 6/67

USM-285 is a 5 part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice  
United States Marshals ServicePROCESS RECEIPT AND RETURN  
See "Instructions for Service of Process by U.S. Marshal"

|                                       |                               |
|---------------------------------------|-------------------------------|
| PLAINTIFF<br>United States of America | COURT CASE NUMBER<br>16-02485 |
| DEFENDANT<br>ROBERT D. STUMPH, JR.    | TYPE OF PROCESS               |

SERVE  
ATNAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
ROBERT D. STUMPH, JR.ADDRESS (Street or RFD, Apartment No., City, State and ZIP code)  
SCI Retreat 660 State Route 11, Hunlock Creek, PA 18621

SEND NOTICE OF SERVICE COPY OF REQUESTER AT NAME AND ADDRESS BELOW

KML Law Group, P.C.  
701 Market  
Suite 5000  
Philadelphia, PA 19106Number of process to be  
served with this Form 285Number of parties to be  
served in this caseCheck for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,  
All Telephone Numbers and Estimated Times Available for Service)

Please serve Defendant or person in charge with Summons and Complaint.

|  |   |                                  |                |
|--|---|----------------------------------|----------------|
| Signature of Attorney other Originator requesting service behalf of: | <input checked="" type="checkbox"/> PLAINTIFF<br><input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER<br>215-627-1322 | DATE<br>3/2/17 |
|--|---|----------------------------------|----------------|

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE

|   |                    |                                 |                                |  |                |
|---|--------------------|---------------------------------|--------------------------------|--|----------------|
| I acknowledge receipt for the total<br>number of process indicated.<br>(Sign only for USM 285 if more<br>than one USM 285 is submitted) | Total Process<br>1 | District of<br>Origin<br>No. 67 | District to<br>Serve<br>No. 67 | Signature of Authorized USMS Deputy or Clerk<br><i>[Signature]</i> | Date<br>3/2/17 |
|---|--------------------|---------------------------------|--------------------------------|--|----------------|

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion  
then residing in defendant's usual place  
of abode

Address (complete only different than shown above)

Date  
03/07/17 Time  
12:30 ☒ am ☐ pmSignature of U.S. Marshal or Deputy  
*[Signature]*

|                         |   |                      |                           |                  |   |
|-------------------------|---|----------------------|---------------------------|------------------|---|
| Service Fee<br>\$130.00 | Total Mileage Charges<br>including odometer:<br>\$38.08 | Forwarding Fee<br>\$ | Total Charges<br>\$168.08 | Advance Deposits | Amount owed to U.S. Marshal* or<br>(Amount of Refund)<br>\$0.00 |
|-------------------------|---|----------------------|---------------------------|------------------|---|

REMARKS:

1 DUSSM @; 168 M R/T

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment,  
if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

FILED  
SCRANTON

APR 05 2017

Form USM-285  
Rev. 12-80PER *[Signature]*  
DEPUTY CLERK

Civil Action No.: 4:16-CV-02485-MWB

PROOF OF SERVICE

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) \_\_\_\_\_

was received by me on (date) \_\_\_\_\_.

☒ I personally served the summons on the individual at (place) SSI Retreat  
\_\_\_\_\_ on (date) 03/07/17 ; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other (specify) :

My fees are \$ 38.08 for travel and \$ 130<sup>00</sup> for services, for a total of \$ 168.08

I declare under penalty of perjury that this information is true.

03/07/17  
Date

Sharon Summa  
Server's Signature  
Sharon Summa  
Printed name and title

235 N. Washington Ave Scranton, PA 18503  
Server's Address

Additional information regarding attempted service, etc: